

PATENT APPLICATION SERIAL NO. 10/522 233

Rec'd PCT/PTO 25 JAN 2005

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

02/01/2005 MKAYPAGH 00000047 141263 10522233

01 FC:1631	300.00 DA
02 FC:1632	500.00 DA
03 FC:1633	200.00 DA

06/20/2005 BCAMPBEL 00000007 141263 10522233

01 FC:1642 400.00 DA

Adjustment date: 06/20/2005 BCAMPBEL
02/01/2005 MKAYPAGH 00000047 141263 10522233
02 FC:1632 500.00 CR

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6-17-05</u>		2 Serial/Patent # <u>10/522233</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">3</td> </tr> </table>			1	4	--	1	2	6	3
1	4	--	1	2	6	3					
<input type="checkbox"/>	No Fee Due (Explanation):										
<i>Fee Code Correction</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>BAC</u>		TITLE: _____									
SIGNATURE: <u>BAC</u>		PHONE: _____									
OFFICE: <u>PCT/DO/EO</u>											
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